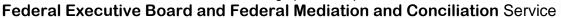


Shared Neutrals

Possible through partnerships



Training Program Application Dispute Resolution Facilitator

(Shared Neutrals)

Name:	Agency:		
Position:	Address:		
Telephone Number:	Email:		
Education:			
Relevant Training or Course Work (this may include of facilitation, labor relations or any other relevant topic	ommunication skills, conflict resolution, negotiation, c):		
Additional skills that would aid you as a dispute resolution facilitator (second language sign language, expert knowledge):			
What do you hope to gain as a result of taking this course?			
How do you see yourself applying your dispute facilitation skills?			
How does dispute facilitation fit into your long term career development plans?			
Supervisor Approval			
Name:	Agency:		
Position:	Signature and Date:		

Application Deadline: Applications for the **Fall class** must be filled in, signed and submitted to FMCS by **July 1**. Applications for the **Spring class** must be submitted by **February 1**. Depending on the numbers of applications due in July, applicants may be slotted in for the Spring training cycle.



Shared Neutrals

Possible through partnerships





Agency Agreement to Participate Dispute Resolution Facilitator

(Shared Neutrals)

nme of Agency Approving Authority:	Agency:		
sition:	Contact N	Contact Number/E-mail:	
my signature, I confirm that I the above na ared Neutrals Program, an interagency coll pute resolution		•	
such, the Agency agrees to:			
		application, who has been approved by k on an ad hoc basis as neutrals for	
 Support the staff members' attenda professional development training; 	ince and particip	pation in Shared Neutral continued	
Abide by principles of confidentiality	y, as outlined in	section 574 of the	
 Administrative Dispute Resolution A Neutrals Standards of Practice; 	Act of 1996 (Pub	o. Law 104-320), and the Shared	
 Assist, if necessary, in obtaining ap mediation conference with the dispu Neutrals mediators used by the Age 	utants and reim	es for meetings, scheduling an initial bursing travel expenses for Shared	
It is understood that by signing this doc authority to control the work schedule of project.		ncy does not in any way compromise its who is acting as a neutral under this	
Authorized Agency Official	Title	 Date	